

United States Bankruptcy Court  
Eastern District of Virginia

In re Salim M. Abraham

Debtor(s)

Case No. 10-73290

Chapter 13

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- ☐ Involuntary/Voluntary Petition [Specify reason for amendment: \_\_\_\_\_]  
Check if applicable: ☐ Soc. Sec. No. amended. [If applicable: An original, signed Official Form 21 was marked/hand-delivered to the Clerk's office on \_\_\_\_\_.\*]
- ☐ Summary of Schedules (Includes Statistical Summary of Certain Liabilities and Related Data)
- ☐ Schedule A - Real Property
- ☐ Schedule B - Personal Property
- ☐ Schedule C - Property Claimed as Exempt
- ☒ Schedule D, E, or F, and/or list of Creditors or Equity Holders - REQUIRES COMPLIANCE WITH LOCAL RULE 1009-1 (\$26.00 fee required if adding or deleting pre-petition creditors, changing amounts owed or classification of debt.) Check applicable statement(s):
- ☒ Creditor(s) added ☐ Creditor(s) deleted
- ☐ Change in amounts owed or classification of debt
- ☐ No pre-petition creditors added/deleted, or amounts owed or classification of debt changed. [Docket: Amended Schedule(s) and/or Statement(s), List(s)-NO FEE]
- ☐ Post-petition creditors added (Schedule of Unpaid Debts)
- REMINDER: Conversion of Chapter 13 to Chapter 7 - only file Schedule of Unpaid Debts.**
- ☐ Schedule G- Executory Contracts and Unexpired Leases
- ☐ Schedule H - Codebtors
- ☐ Schedule I - Current Income of Individual Debtor(s)
- ☐ Schedule J - Current Expenditures of Individual Debtor(s)

[NOTE: The form "NOTICE TO CREDITOR(S) (RE AMENDMENT)" is still required when adding or deleting creditors.  
\*Amendment of debtor(s) Social Security Number requires that a hard copy of this cover sheet together with a completed Official Form 21 - Statement of Social Security Number(s) be submitted to the Clerk's Office for entry of the amended Social Security Number into the Court's database. ]

- ☐ Statement of Financial Affairs
- ☐ Chapter 7 Individual Debtor's Statement of Intention
- ☐ Chapter 11 List of Equity Security Holders
- ☐ Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
- ☐ Disclosure of Compensation of Attorney for Debtor
- ☐ Other: \_\_\_\_\_

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the United States Trustee, the trustee in this case, and to any and all entities affected by the amendment as follows: **Please see attached Notice to Creditor(s) Re: Amendment(s)**

Date: July 30, 2010

/s/ James R. Carpenter

Attorney for Debtor(s) [or Pro Se Debtor(s)]

State Bar No.: **68938**

Mailing Address: **The Merna Law Group, P.C.  
3419 Virginia Beach Blvd., #236  
Virginia Beach, VA 23452**

Telephone No.: **(757)340-4895**

I, **Salim M. Abraham** certify under penalty of perjury that the amended forms herein are accurate and true to the best of my knowledge and belief.

Date: **July 30, 2010**

/s/ Salim M. Abraham

In re **Salim M. Abraham**

Case No. **10-73290**

Debtor

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS - AMENDED

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/10) - Cont.

In re **Salim M. Abraham**

Case No. **10-73290**

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS - AMENDED**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

| CREDITOR'S NAME,<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.) | C<br>O<br>D<br>E<br>D<br>E<br>B<br>T<br>O<br>R | H<br>W<br>J<br>C | Husband, Wife, Joint, or Community | DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT<br>OF CLAIM | AMOUNT NOT<br>ENTITLED TO<br>PRIORITY, IF ANY |
|---|--|------------------|------------------------------------|--|--|--|--------------------------------------|--------------------|---|
|   |  |                  |                                    |  |  |  |                                      |                    | AMOUNT<br>ENTITLED TO<br>PRIORITY             |
| Account No. <b>93472496</b>   |  |                  |                                    | <b>2010</b>  |  |  |                                      |                    |   |
| <b>City of Chesapeake</b>   |  |                  |                                    | <b>Personal Property Taxes</b>                         |  |  |                                      |                    | <b>0.00</b>                                   |
| <b>Barbara O. Carraway, Treasurer</b>   |  |                  |                                    |  |  |  |                                      | <b>342.00</b>      | <b>342.00</b>                                 |
| <b>P.O. Box 16495</b>   |  |                  |                                    |  |  |  |                                      |                    |   |
| <b>Chesapeake, VA 23328</b>   |  |                  |                                    |  |  |  |                                      |                    |   |
| Account No.   |  |                  |                                    |  |  |  |                                      |                    |   |
|   |  |                  |                                    |  |  |  |                                      |                    |   |
| Account No.   |  |                  |                                    |  |  |  |                                      |                    |   |
|   |  |                  |                                    |  |  |  |                                      |                    |   |
| Account No.   |  |                  |                                    |  |  |  |                                      |                    |   |
|   |  |                  |                                    |  |  |  |                                      |                    |   |
| Account No.   |  |                  |                                    |  |  |  |                                      |                    |   |
|   |  |                  |                                    |  |  |  |                                      |                    |   |
| Account No.   |  |                  |                                    |  |  |  |                                      |                    |   |
|   |  |                  |                                    |  |  |  |                                      |                    |   |
| Subtotal  |  |                  |                                    |  |  |  |                                      |                    | <b>0.00</b>                                   |
| (Total of this page)  |  |                  |                                    |  |  |  |                                      | <b>342.00</b>      | <b>342.00</b>                                 |
| Total   |  |                  |                                    |  |  |  |                                      |                    | <b>0.00</b>                                   |
| (Report on Summary of Schedules)  |  |                  |                                    |  |  |  |                                      | <b>342.00</b>      | <b>342.00</b>                                 |

In re **Salim M. Abraham**Case No. **10-73290**

Debtor

## AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                           | C<br>O<br>D<br>E<br>D<br>E<br>B<br>T<br>O<br>R<br><br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM  |
|---|--|---|--|--|--------------------------------------|------------------|
|   |  | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |                  |
| Account No.<br><br><b>American Express</b><br><b>P.O. Box 804247</b><br><b>Fort Lauderdale, FL 33329</b>                                | -  |   | <b>2010</b><br><b>Consumer Debt</b>            |  |                                      | <b>1,536.00</b>  |
| Account No. <b>4339-9300-0806-1436</b><br><br><b>Bank of America</b><br><b>P.O. Box 15184</b><br><b>Wilmington, DE 19850</b>            | -  |   | <b>2009</b><br><b>Consumer Debt</b>            |  |                                      | <b>7,433.00</b>  |
| Account No.<br><br><b>Bruce Paton</b><br><b>P.O. Box 312</b><br><b>Ark, VA 23003</b>  | -  |   | <b>2009</b><br><b>Corporate Liability</b>      |  |                                      | <b>2,555.00</b>  |
| Account No. <b>5178-0522-5888-1156</b><br><br><b>Capital One Bank, N.A.</b><br><b>P.O. Box 71083</b><br><b>Charlotte, NC 28272-1083</b> | -  |   | <b>2010</b><br><b>Consumer Debt</b>            |  |                                      | <b>205.00</b>    |
| Subtotal<br>(Total of this page)  |  |   |  |  |                                      | <b>11,729.00</b> |

8 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Salim M. Abraham**

Case No. **10-73290**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | H<br>W<br>J<br>C | Husband, Wife, Joint, or Community | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM |
|---|--------------------------------------|------------------|------------------------------------|---|--|--|--------------------------------------|-----------------|
|   |                                      |                  |                                    |   |  |  |                                      |                 |
| Account No. <b>5178-0522-4622-9211</b>  |                                      |                  |                                    | <b>2010</b>   |  |  |                                      |                 |
| <b>Capital One Bank, N.A.</b>   |                                      | -                |                                    | <b>Consumer Debt</b>  |  |  |                                      |                 |
| <b>P.O. Box 71083</b>   |                                      |                  |                                    |   |  |  |                                      | <b>63.00</b>    |
| <b>Charlotte, NC 28272</b>  |                                      |                  |                                    |   |  |  |                                      |                 |
| Account No.   |                                      |                  |                                    | <b>2010</b>   |  |  |                                      |                 |
| <b>Cardiovascular Ctr of Hpt Rds</b>  |                                      | -                |                                    | <b>Medical Services</b>   |  |  |                                      |                 |
| <b>11803 Jefferson Ave Ste 110</b>  |                                      |                  |                                    |   |  |  |                                      | <b>22.00</b>    |
| <b>Newport News, VA 23606</b>   |                                      |                  |                                    |   |  |  |                                      |                 |
| Account No.   |                                      |                  |                                    | <b>2010</b>   |  |  |                                      |                 |
| <b>Charles Pulliam</b>  |                                      | -                |                                    | <b>Corporate Liabiliy</b>   |  |  |                                      |                 |
| <b>13230 #2 Sojourner Court</b>   |                                      |                  |                                    |   |  |  |                                      | <b>2,055.00</b> |
| <b>Newport News, VA 23602</b>   |                                      |                  |                                    |   |  |  |                                      |                 |
| Account No. <b>4357-8752-7024-6693</b>  |                                      |                  |                                    | <b>2004</b>   |  |  |                                      |                 |
| <b>Chase Cardmember Service</b>   |                                      | -                |                                    | <b>Consumer Debt</b>  |  |  |                                      |                 |
| <b>Circuit City</b>   |                                      |                  |                                    |   |  |  |                                      | <b>1,021.00</b> |
| <b>P.O. Box 15298</b>   |                                      |                  |                                    |   |  |  |                                      |                 |
| <b>Wilmington, DE 19886</b>   |                                      |                  |                                    |   |  |  |                                      |                 |
| Account No. <b>512257100137</b>   |                                      |                  |                                    | <b>2006</b>   |  |  |                                      |                 |
| <b>Chase Cardmember Service</b>   |                                      | -                |                                    | <b>Consumer Debt</b>  |  |  |                                      |                 |
| <b>Circuit City</b>   |                                      |                  |                                    |   |  |  |                                      | <b>5,174.00</b> |
| <b>P.O. Box 15298</b>   |                                      |                  |                                    |   |  |  |                                      |                 |
| <b>Wilmington, DE 19886</b>   |                                      |                  |                                    |   |  |  |                                      |                 |
| Sheet no. <b>1</b> of <b>8</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                      |                  |                                    |   |  |  |                                      |                 |
| Subtotal<br>(Total of this page)  |                                      |                  |                                    |   |  |  |                                      | <b>8,335.00</b> |

In re **Salim M. Abraham**

Case No. **10-73290**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                   | C<br>O<br>D<br>E<br>D<br>E<br>B<br>T<br>O<br>R | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                                   |
|---|--|---|--|--|--------------------------------------|---|
| Account No. <b>6032-5900-5890-7733</b><br><br><b>Citi Financial</b><br><b>P.O. Box 9018</b><br><b>Des Moines, IA 50368</b>                      |  | <b>2010</b><br><b>Consumer Debt</b>   |  |  |                                      | <b>12,532.00</b>                                  |
| Account No. <b>546616014485</b><br><br><b>Citibank MC Visa</b><br><b>Citibank (SD) NA</b><br><b>PO Box 6241</b><br><b>Sioux Falls, SD 57117</b> |  | <b>2008</b><br><b>Consumer Debt</b>   |  |  |                                      | <b>9,415.00</b>                                   |
| Account No.<br><br><b>AllianceOne</b><br><b>4850 Street Rd Ste 300</b><br><b>Feasterville Trevose, PA 19053</b>                                 |  | <b>Representing:</b><br><b>Citibank MC Visa</b>   |  |  |                                      | <b>Notice Only</b>                                |
| Account No. <b>73028558513</b><br><br><b>Exxon/Mobil/Citibank SD NA</b><br><b>PO Box 6497</b><br><b>Sioux Falls, SD 57117</b>                   |  | <b>2004</b><br><b>Consumer Debt</b>   |  |  |                                      | <b>447.00</b>                                     |
| Account No. <b>60322030534</b><br><br><b>GEMB/Walmart</b><br><b>P.O. Box 981400</b><br><b>El Paso, TX 79998</b>                                 | <b>X</b>                                       | <b>2004</b><br><b>Consumer Debt</b>   |  |  |                                      | <b>2,827.00</b>                                   |
| Sheet no. <b>2</b> of <b>8</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims                                 |  |   |  |  |                                      | Subtotal<br>(Total of this page) <b>25,221.00</b> |

In re **Salim M. Abraham**Case No. **10-73290**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | H<br>U<br>S<br>B<br>A<br>N<br>D,<br>W<br>I<br>F<br>E,<br>J<br>O<br>I<br>N<br>T,<br>O<br>R<br>C<br>O<br>M<br>M<br>U<br>N<br>I<br>T<br>Y | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM  |
|--|--------------------------------------|--|---|--|--|--------------------------------------|------------------|
|  |                                      |  |   |  |  |                                      |                  |
| Account No. <b>222601-110377</b><br><br><b>Household Bank</b><br><b>P.O. Box 703</b><br><b>Wood Dale, IL 60191</b>                                     |                                      |  | <b>008</b><br><b>Consumer Debt</b>  |  |  |                                      | <b>12,417.00</b> |
| Account No. <b>3:09cv238</b><br><br><b>Katherine Reynolds</b><br><b>c/o Thompson McMullan</b><br><b>100 Shockhoe Slip</b><br><b>Richmond, VA 23219</b> |                                      |  | <b>2008</b><br><b>Corporate Liability</b>   |  |  |                                      | <b>28,837.00</b> |
| Account No. <b>0047</b><br><br><b>Law Office of Guy T. Hogan</b><br><b>47 West Queens Way</b><br><b>Hampton, VA 23669</b>                              |                                      |  | <b>2010</b><br><b>Corporate Liability</b>   |  |  |                                      | <b>1,512.00</b>  |
| Account No.<br><br><b>Lawanda Beckett</b><br><b>P.O. Box 252</b><br><b>Painter, VA 23420</b>   |                                      |  | <b>2010</b><br><b>Corporate Liability</b>   |  |  |                                      | <b>4,691.00</b>  |
| Account No.<br><br><b>Macy's</b><br><b>P.O. Box 4562</b><br><b>Carol Stream, IL 60197-4562</b>   |                                      |  | <b>2010</b><br><b>Consumer Debt</b>   |  |  |                                      | <b>790.00</b>    |
| Sheet no. <b>3</b> of <b>8</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims  |                                      |  |   |  |  |                                      | <b>48,247.00</b> |
| Subtotal<br>(Total of this page)   |                                      |  |   |  |  |                                      | <b>48,247.00</b> |



In re **Salim M. Abraham**

Case No. **10-73290**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | C<br>O<br>D<br>E<br>B<br>O<br>R | H<br>W<br>J<br>C | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM    |
|---|---------------------------------|------------------|---|--|--|--------------------------------------|--------------------|
|   |                                 |                  | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |                    |
| Account No.   |                                 |                  | <b>20010</b>  |  |  |                                      |                    |
| <b>Pete's Towing, LTD</b><br><b>10165 Jefferson Avenue</b><br><b>Newport News, VA 23605</b>                     |                                 | -                | <b>Consumer Debt</b>  |  |  |                                      | <b>210.00</b>      |
| Account No.   |                                 |                  | <b>2010</b>   |  |  |                                      |                    |
| <b>Riverside Emergency Phys</b><br><b>P.O. Box 1929</b><br><b>Kilmarnock, VA 22482</b>                          |                                 | -                | <b>Medical Services</b>   |  |  |                                      | <b>645.00</b>      |
| Account No.   |                                 |                  | <b>Representing:</b>  |  |  |                                      |                    |
| <b>Credit Control Corporation</b><br><b>P.O. Box 120568</b><br><b>Newport News, VA 23612</b>                    |                                 |                  | <b>Riverside Emergency Phys</b>   |  |  |                                      | <b>Notice Only</b> |
| Account No. <b>002096857</b>  |                                 |                  | <b>2010</b>   |  |  |                                      |                    |
| <b>Riverside Inpatient</b><br><b>Po box 6017</b><br><b>Newport News, VA 23606</b>                               |                                 | -                | <b>Medical Services</b>   |  |  |                                      | <b>703.00</b>      |
| Account No.   |                                 |                  | <b>2010</b>   |  |  |                                      |                    |
| <b>Riverside Medical Group</b><br><b>PO Box 49</b><br><b>Tucker, GA 30085</b>                                   |                                 | -                | <b>Medical Services</b>   |  |  |                                      | <b>404.00</b>      |
| Sheet no. <b>5</b> of <b>8</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                 |                  |   |  |  |                                      |                    |
| Subtotal<br>(Total of this page)  |                                 |                  |   |  |  |                                      | <b>1,962.00</b>    |

In re **Salim M. Abraham**

Case No. **10-73290**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                   | C<br>O<br>D<br>E<br>B<br>O<br>R | H<br>W<br>J<br>C | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM    |
|---|---------------------------------|------------------|---|--|--|--------------------------------------|--------------------|
|   |                                 |                  | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |                    |
| Account No. <b>210068</b><br><br><b>Riverside Regional Medical Cen</b><br><b>P.O. Box 6008</b><br><b>Newport News, VA 23606</b> |                                 |                  | <b>2009</b><br><b>Medical Services</b>  |  |  |                                      | <b>750.00</b>      |
| Account No.<br><br><b>Credit Control Corp</b><br><b>11821 Rock Landing Drive</b><br><b>Newport News, VA 23606</b>               |                                 |                  | <b>Representing:</b><br><b>Riverside Regional Medical Cen</b>                                       |  |  |                                      | <b>Notice Only</b> |
| Account No.<br><br><b>Riverside Regional Medical Cen</b><br><b>P.O. Box 6008</b><br><b>Newport News, VA 23606</b>               |                                 |                  | <b>2010</b><br><b>Medical Services</b>  |  |  |                                      | <b>15,631.00</b>   |
| Account No. <b>94281</b><br><br><b>Shell/Citibank SD</b><br><b>P.O. Box 6497</b><br><b>Sioux Falls, SD 57117</b>                |                                 |                  | <b>2003</b><br><b>Consumer Debt</b>   |  |  |                                      | <b>705.00</b>      |
| Account No.<br><br><b>Sinclair Communications</b><br><b>999 Waterside Drive, Suite 500</b><br><b>Norfolk, VA 23510</b>          |                                 |                  | <b>2009</b><br><b>Corporate Liability</b>   |  |  |                                      | <b>5,315.00</b>    |
| Subtotal<br>(Total of this page)  |                                 |                  |   |  |  |                                      | <b>22,401.00</b>   |

Sheet no. **6** of **8** sheets attached to Schedule of  
 Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Salim M. Abraham**

Case No. **10-73290**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | C<br>O<br>D<br>E<br>D<br>E<br>B<br>T<br>O<br>R | H<br>U<br>S<br>B<br>A<br>N<br>D<br>,<br>W<br>I<br>F<br>E<br>,<br>J<br>O<br>I<br>N<br>T<br>,<br>O<br>R<br>C<br>O<br>M<br>M<br>U<br>N<br>I<br>T<br>Y | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM |
|---|--|--|---|--|--|--------------------------------------|-----------------|
|   |  |  |   |  |  |                                      |                 |
| Account No.   |  |  | 2010<br>Corporate Liability   |  |  |                                      | 3,690.00        |
| Steven and James, Inc.<br>P.O. Box 149<br>Harrington, DE 19952  | -  |  |   |  |  |                                      |                 |
| Account No. 435237171813  |  |  | 2006<br>Consumer Debt   |  |  |                                      | 3,583.00        |
| Target National Bank<br>P.O. Box 673<br>Minneapolis, MN 55440   | -  |  |   |  |  |                                      |                 |
| Account No. 39291-001M  |  |  | 2008<br>Corporate Liability   |  |  |                                      | 5,966.00        |
| Thompson McMullan<br>100 Shockoe Slip<br>Richmond, VA 23219   | -  |  |   |  |  |                                      |                 |
| Account No. 078512726000001   |  |  | 2010<br>Consumer Debt   |  |  |                                      | 645.00          |
| Verizon Wireless<br>5175 Emerald Pkwy<br>Dublin, OH 43017   | -  |  |   |  |  |                                      |                 |
| Account No. 236443  |  |  | 2010<br>Corporate Liability   |  |  |                                      | 23,154.00       |
| White Directory Publishers<br>61 John Muir<br>Buffalo, NY 14228   | -  |  |   |  |  |                                      |                 |
| Subtotal<br>(Total of this page)  |  |  |   |  |  |                                      | 37,038.00       |

Sheet no. 7 of 8 sheets attached to Schedule of  
Creditors Holding Unsecured Nonpriority Claims

B6F (Official Form 6F) (12/07) - Cont.

In re **Salim M. Abraham**

Case No. **10-73290**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | C<br>O<br>D<br>E<br>D<br>E<br>B<br>T<br>O<br>R | H<br>U<br>S<br>B<br>A<br>N<br>D,<br>W<br>I<br>F<br>E,<br>J<br>O<br>I<br>N<br>T,<br>O<br>R<br>C<br>O<br>M<br>M<br>U<br>N<br>I<br>T<br>Y | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM   |
|---|--|--|---|--|--|--------------------------------------|---|
|   |  |  |   |  |  |                                      |   |
| Account No. <b>MA 227244</b>  |  |  | <b>2006</b><br><b>Corporate Liability</b>   |  |  |                                      | <b>16,381.00</b>  |
| <b>Yellow Book Sales and Dist.</b><br><b>2201 Renaissance Blvd.</b><br><b>King of Prussia, PA 19406</b>         |  | -  |   |  |  |                                      |   |
| Account No. <b>100222976</b>  |  |  | <b>2010</b><br><b>Corporate Liability</b>   |  |  |                                      | <b>441.00</b>   |
| <b>Zep Sales and Service</b><br><b>860 Nestle Way, Ste. 200</b><br><b>Breinigsville, PA 18031</b>               |  | -  |   |  |  |                                      |   |
| Account No.   |  |  |   |  |  |                                      |   |
|   |  |  |   |  |  |                                      |   |
| Account No.   |  |  |   |  |  |                                      |   |
|   |  |  |   |  |  |                                      |   |
| Account No.   |  |  |   |  |  |                                      |   |
|   |  |  |   |  |  |                                      |   |
| Sheet no. <u>8</u> of <u>8</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |  |  |   |  |  |                                      | <b>Subtotal</b><br>(Total of this page)<br><br><b>Total</b><br>(Report on Summary of Schedules) |
|   |  |  |   |  |  |                                      | <b>16,822.00</b>  |
|   |  |  |   |  |  |                                      | <b>218,270.00</b>   |

**United States Bankruptcy Court  
Eastern District of Virginia**

In re Salim M. Abraham

Debtor(s)

Case No. 10-73290

Chapter 13

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I certify under penalty of perjury that the foregoing is true and correct.

Date July 30, 2010

Signature /s/ Salim M. Abraham

Salim M. Abraham

Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**United States Bankruptcy Court  
Eastern District of Virginia**

In re Salim M. Abraham

Debtor(s)

Case No. 10-73290

Chapter 13

**TO:**

City of Chesapeake  
Barbara O. Carraway, Treasurer  
P.O. Box 16495  
Chesapeake VA 23328

Charles Pulliam  
13230 #2 Sojourner Court  
Newport News VA 23602

Lawanda Beckett  
P.O. Box 252  
Painter VA 23420

Steven and James, Inc.  
P.O. Box 149  
Harrington DE 19952

Yellow Book Sales and Dist.  
2201 Renaissance Blvd.  
King of Prussia PA 19406

Bank of America  
P.O. Box 15184  
Wilmington DE 19850

Katherine Reynolds  
c/o Thompson McMullan  
100 Shockhoe Slip  
Richmond VA 23219

Papco  
P.O. Box 62265  
Virginia Beach VA 23466

Thompson McMullan  
100 Shockoe Slip  
Richmond VA 23219

Zep Sales and Service  
860 Nestle Way, Ste. 200  
Breinigsville PA 18031

Bruce Paton  
P.O. Box 312  
Ark VA 23003

Law Office of Guy T. Hogan  
47 West Queens Way  
Hampton VA 23669

Pete's Towing, LTD  
10165 Jefferson Avenue  
Newport News VA 23605

White Directory Publishers  
61 John Muir  
Buffalo NY 14228

**NOTICE TO  
CREDITOR(S) (RE AMENDMENT)**

NOTICE IS HEREBY GIVEN that an amendment to the above-captioned debtor's schedules has been filed

- ☒ adding you as a creditor,  
☐ deleting you as a creditor,  
☐ correcting your address

A copy of the amendment is forwarded to you together with this notice.

***[If amendment is adding creditor(s)]*** NOTICE IS FURTHER GIVEN that also forwarded to you together with this notice is a copy of the notice of the meeting of creditors called by the United States Trustee pursuant to Federal Rule of Bankruptcy Procedure 2003, giving the particulars of the case and stating the last date for the filing of claims (*if any was given*), for filing complaints objecting to the discharge and complaints to determine the dischargeability of certain debts; a copy of the discharge of the debtor, *if one has been entered*, a subsequent notice to file claims, *if one has been issued*, and any other filed document affecting the rights of the added creditor(s).

**Salim M. Abraham**

Date: July 30, 2010

By /s/ James R. Carpenter

Attorney for Debtor [or *Pro Se* Debtor]

State Bar No.: **68938**

Address: **The Merna Law Group, P.C.  
3419 Virginia Beach Blvd., #236  
Virginia Beach, VA 23452**

Telephone No.: **(757)340-4895**

**CERTIFICATION**

I certify that on **July 30, 2010**, I served a copy of the foregoing notice on the United States Trustee, any appointed trustee, and any and all entities affected by the amendment pursuant to Local Bankruptcy Rule 1009-1(A).

**/s/ James R. Carpenter**

**James R. Carpenter 68938**

Attorney for Debtor [or *Pro Se* Debtor]